

**CHEVERLY POLICE DEPARTMENT**  
**6401 FOREST ROAD**  
**CHEVERLY, MD 20785**

**APPLICATION FOR EMPLOYMENT**  
**and**  
**PERSONAL HISTORY STATEMENT**  
(Uniform and Sensitive Positions Only)



INFORMATION COLLECTED IN THIS BOOKLET WILL BE USED FOR  
INVESTIGATIVE PURPOSES ONLY

Dear Police Applicant:

The Cheverly Police Department is seeking men and women that exhibit the characteristics of sound judgment, honesty, reliability, integrity, and the ability to blend the philosophy of community-oriented policing with a desire to best serve the interests of the citizens of the Town of Cheverly. The typical duties of a police officer include: enforcing the criminal and traffic laws of the State of Maryland, Prince George's County, and the Code of the Town of Cheverly, problem solving, report writing, courtroom presentation, and providing effective service to citizens. In exchange for these duties, police officers are offered a competitive salary and excellent benefits. Shift work is required of all department employees.

Persons currently certified by the Maryland Police and Correctional Training Commission (MPCTC) are preferred. In addition, minority, female, and bi-lingual (English/Spanish) persons are strongly encouraged to apply. Application should be obtained from and returned to the Cheverly Police Department, 6401 Forest Road, Cheverly, Maryland 20785. **The Town of Cheverly is an Equal Opportunity Employer without regard to race, color, religion, national origin, sex, ancestry, marital status, age, sexual orientation, disability, political or union affiliation.**

### Minimum Qualifications

- U.S. Citizen
- High School Graduate
- 21 Years of Age at Certification
- Possess a Valid Driver's License

### Selection Process

- Completion and Submission of an Application and Personal History Statement
- Oral Board Interview with the Chief and other Department Officers
- Polygraph Examination
- Psychological Screening
- Conditional Offer of Employment
- Background Investigation
- Medical Examination
- Drug Screening
- Final Offer of Employment

Reasons for disqualification from the employment process may include (but are not limited to) the following: poor work history; poor driving record; felony conviction; illegal drug usage, including the purchase, sale, or distribution of drugs; falsification of employment documents; inability to complete any of the components of the background process; and/or any other disqualifying factor as determined by the Chief of Police.

## **SECTION I:           REQUIRED DOCUMENTS**

1.     Birth Certificate
2.     High School Diploma or G.E.D. or Military G.E.D. (with scores)
3.     DD-214 (for each period of military service)
4.     Naturalization Certificate (original - cannot be copied)
5.     Court Orders:
  - a.    Divorce
  - b.    Legal Separation
  - c.    Name Change
  - d.    Adoption
  - e.    Bankruptcy
6.     All other legal documents which pertain to present or past marriage/s
7.     Credit Report from a reputable credit agency
8.     Personal Letters on Cheverly Police forms from:
  - a.    Two personal friends or family members
  - b.    Two neighbors
  - c.    Two co-workers
  - d.    Name, address, and telephone number of last employer and supervisor.
9.     Fingerprints on Federal and State fingerprint cards (from the Cheverly Police)
10.    Documents supporting graduation from a certified Maryland Police and Correctional Training Commission (MPCTC) academy, including an Entry Level Qualification Record
11.    Any supporting educational or vocational documents, i.e., college credits or Graduation diplomas or certificates, special skills, training, or schools, etc...

**NOTE:** FAILURE TO PROVIDE ALL REQUIRED DOCUMENTS AND REQUESTED INFORMATION MAY CAUSE A DELAY IN PROCESSING THE APPLICATION AND/OR CAUSE THE APPLICATION TO BE REJECTED. IF YOU HAVE ANY QUESTIONS ABOUT WHAT TO INCLUDE, CALL THE CHEVERLY POLICE DEPT. 301/773-8362.

## SECTION II:

## PERSONAL DATA

Full Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Legal Residence (If Different From Listed Above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

MPCTC requires the applicant to have a valid driver's license

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

MPCTC requires the applicant to provide a Birth Certificate or claim of citizenship

Citizenship: \_\_\_\_\_ U.S. \_\_\_\_\_ Alien \_\_\_\_\_ By Birth \_\_\_\_\_ Naturalized

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

Date Of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_

Spouse's Residence (If Different) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Have You Ever Been: \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Date \_\_\_\_\_

Do You Object To Our Contacting Your Spouse Or Former Spouse? \_\_\_\_\_

**SECTION II: (Continued):**

Children:      Name                      DOB              POB              Residence

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Name Of Parent/Guardian Not Listed: \_\_\_\_\_

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Your Parents/Guardians

Father \_\_\_\_\_ DOB \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ DOB \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_

If you were reared by anyone other than your parents, include their information below:

Guardian \_\_\_\_\_ DOB \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ DOB \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_

**SECTION III: MILITARY DATA**

The MPCTC requires copies of certain military records and discharges (DD-214)

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Branch of Service (Active)	Dates of Duty	Serial Number
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Branch of Service (Reserve)	Dates of Duty	Serial Number
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National Guard	Dates of Duty	Serial Number
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Name & Address of Organization

Type of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Highest Rank Attained \_\_\_\_\_

Recommended for Reenlistment? Y N Current Selective Service Classification \_\_\_\_\_

Have you ever been discharged from the Armed Forces that was other than honorable? Y N

EXPLAIN \_\_\_\_\_

Were you ever given any disciplinary actions (Judicial or Non-Judicial) while in the military?

EXPLAIN \_\_\_\_\_

Were you ever the subject of any criminal investigation conducted by military authorities?

EXPLAIN \_\_\_\_\_

List any Guard or Reserve obligation/s you have; the type, and date of termination. \_\_\_\_\_

Have you ever filed a claim with the Veterans Administration for any physical, mental or emotional disability? \_\_\_\_\_

Do you anticipate ever filing a claim with the Veterans Administration for any physical, mental or emotional? \_\_\_\_\_

#### **SECTION IV: REFERENCES**

The MPCTC requires interviews by a hiring agency of an applicants personal references

ASSOCIATES (Give data requested on three persons who are not related to you, and not mentioned else- where in this form; responsible adults who have known you for at least five (5) years):

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Name #1	Address
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Occupation	Employed By	Phone
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Name #2	Address
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Occupation	Employed By	Phone
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Name #3	Address
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Occupation	Employed By	Phone
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ACQUAINTANCES (Give data requested on three persons who have seen you frequently in the past three (3) years (exclude those mentioned elsewhere in this form):

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Name #1	Address
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Occupation	Employed By	Phone
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Name #2	Address
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Occupation	Employed By	Phone
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Name #3	Address
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Occupation	Employed By	Phone
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**SECTION V: FINANCIAL DATA**

The MPCTC requires a report from a credit agency on the applicant's current and past credit

Have you ever had any garnishments on your salary? (Explain)\_\_\_\_\_

\_\_\_\_\_

Have you ever been found delinquent on income or other taxes?  
(Explain)\_\_\_\_\_

\_\_\_\_\_

Have you ever had, or do you now have, any court-ordered judgment against you?  
(Explain)\_\_\_\_\_

\_\_\_\_\_

Have you ever had any property repossessed?  
(Explain)\_\_\_\_\_

\_\_\_\_\_

Have you ever declared bankruptcy?  
(Explain)\_\_\_\_\_

\_\_\_\_\_

Your present monthly income \$\_\_\_\_\_ Spouse's monthly Income \$\_\_\_\_\_

Do you or your spouse have any other source/s of income? If Yes, list source/s and monthly amounts:

\_\_\_\_\_

\_\_\_\_\_

ASSETS (House, vehicle/s, savings account/s, real estate, stocks & bonds, life insurance, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SECTION V: (CONTINUED)**

LIABILITIES (Loans, Credit Cards, Other Obligations):

Loans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate your present financial  
status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION VI: RESIDENCE DATA

List all past residences, starting with your present address. For each, give the name and address of a neighbor, and the name and address of the property owner or mortgage holder to whom you paid rent or mortgage payments. Include mailing address/es for all periods of military service. Use additional paper if necessary.

The MPCTC requires interviews of applicant's neighbors as part of the background investigation

Present: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Owner/Mortgage Holder: \_\_\_\_\_

Past: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Owner/Mortgage Holder: \_\_\_\_\_

Past: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Owner/Mortgage Holder: \_\_\_\_\_

Past: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Owner/Mortgage Holder: \_\_\_\_\_

Past: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Owner/Mortgage Holder: \_\_\_\_\_

Past: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Owner/Mortgage HolderHolder: \_\_\_\_\_

## SECTION VII: EDUCATION

The MPCTC requires, at minimum, the applicant possess a high school diploma, G.E.D., OR Military G.E.D., and an examination of records of all school attended within past 5 years

Give data on all schools attended since 9th grade, beginning with most recent. Include all colleges, universities, business or trade schools, and military schools. Use additional paper if necessary.

School: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduate: Y N Diploma \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduate: Y N Diploma \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduate: Y N Diploma \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduate: Y N Diploma \_\_\_\_\_

Did you graduate high school and receive a diploma? Y N

If not, did you pass a G.E.D. test? Y N

If you have a G.E.D. certificate, has it been presented to a Board of Education? Y N

Name of Board \_\_\_\_\_ Date Issued \_\_\_\_\_

Address: \_\_\_\_\_

College semesters completed: \_\_\_\_\_ College area of study: \_\_\_\_\_

Have you ever been dismissed or expelled from any school? Y N Explain

\_\_\_\_\_

## SECTION VIII: EMPLOYMENT HISTORY

The MPTC requires interviews with employers and co-workers within the last 5 years

Give data on your complete work history. Include all full-time, part-time, temporary, and voluntary employment; and identify all periods of unemployment. Use additional paper if necessary.

Present Employer \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Y N

Duties and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Past Employer \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Y N

Duties and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Past Employer \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Y N

Duties and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**SECTION VIII****(CONTINUED)**

Past Employer \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Y N

Duties and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Past Employer \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Y N

Duties and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Past Employer \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Y N

Duties and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Past Employer \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Y N

Duties and reason for leaving: \_\_\_\_\_

**SECTION IX: DRIVING RECORD**

The MPCTC requires an applicant to possess a valid driver's license

Do you have a current, valid driver's license? ☐ Yes ☐ No

License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Is your drivers license now, or has it ever been:

☐ Denied ☐ Suspended ☐ Revoked ☐ Subject to action

Are your current tags now, or have they ever been:

☐ Denied ☐ Suspended ☐ Revoked ☐ Subject to action

Have you ever been involved in a traffic accident?

Date	Location	Charged	Police Dept.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles owned/operated by you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Automobile Insurance:

Company	Agent	Address	Phone	Policy #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Coverage: \_\_\_\_\_

Remarks or Explanations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION X: ARREST/CONVICTION DATA

The MPCTC requires a criminal records check and the submission of fingerprints

## Have you ever been:

Arrested \_\_\_\_Yes \_\_\_\_No      Convicted of any offense: \_\_\_\_Yes \_\_\_\_No

Charged by any law enforcement agency: \_\_\_\_Yes \_\_\_\_No

Fined, in connection with any conviction:        Yes        No

Placed on Parole or Probation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Required to appear in Juvenile Court for any act that would have been a crime for an adult: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now:

Charged by any law enforcement agency:        Yes        No

Released on bail, personal recognizance or other conditional release:            Yes            No

On Parole or Probation of any type:	Yes	No
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Are you now, or have you ever been, involved as either a plaintiff or defendant in any civil court action: \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered Yes to any of the above questions, explain below. Give the date of incident, location, law enforcement agency, any charges, and final disposition of the charges. Use additional paper if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

## SECTION XI MISCELLANEOUS DATA

The MPCTC requires a background check to determine whether the applicant is a loyal United States citizen

Do you belong to any organization, or adhere to any belief, that would:

Limit or prohibit your use of a firearm ☐ Yes ☐ No

Prohibit your working on specific days or hours ☐ Yes ☐ No

Restrict your conformance to department standards ☐ Yes ☐ No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you now use, or have you ever used, tried, or experimented with:

See attached MPCTC Substance Abuse Regulations, next page

Marijuana ☐ Yes ☐ No

Narcotics (of any kind) ☐ Yes ☐ No

Controlled drugs (of any kind) ☐ Yes ☐ No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you now take, or have you ever taken, any medication other than  
by a doctor's prescription (except over-the-counter):

☐ Yes ☐ No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been issued a permit or license to carry a handgun  
or other weapon on your person:

☐ Yes ☐ No

Are you now, or have you ever been a member of, or espoused the beliefs  
of any organization that advocated the overthrow of the United States'  
government by force or violence:

☐ Yes ☐ No



**SECTION XI: (CONTINUED)**

Explain ANY yes answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special skills, experience, language/s, memberships that might be applicable to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any federal, state, or local government law enforcement agencies to which you have applied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all foreign travel:

Country/Dates/Purpose \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization Memberships:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports/Hobbies:

Any incidents or experiences, not already mentioned, that may affect your ability to perform your duties as a Cheverly Police Officer, or which require further explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICE TRAINING COMMISSION**  
**Substance Abuse Regulations**  
**Effective 09/12/05**

<b>GENERAL REGULATIONS</b>	<b>MPCTC REGULATIONS</b>
<b>Minimum time since last substance use</b>	<b>3 Years</b>
<b>Allowance after becoming a police officer</b>	<b>None allowed</b>
<b>Conviction for sale, manufacture of CDS</b>	<b>Permanent disqualification</b>
<b>Use of “Truth Verification” device to validate prior CDS use</b>	<b>Polygraph required for validation of all applicants</b>
<b>CDS, EXCEPT MARIJUANA</b>	<b>ALLOWANCES</b>
<b>LSD, heroin, or PCP</b>	<b>None allowed</b>
<b>Other CDS</b>	<b>5 combined uses of any CDS</b>
<b>Inhalants</b>	<b>Included in 5 above uses</b>
<b>Narcotic Drugs</b>	<b>Included in 5 above uses</b>
<b>Age provisions</b>	<b>Maximum one time after age 21</b>
<b>Exemption period for past use where limits do not apply</b>	<b>None</b>
<b>CANNABIS (MARIJUANA)</b>	<b>ALLOWANCES</b>
<b>Allowed uses</b>	<b>20 lifetime uses</b>
<b>Age provision</b>	<b>Maximum 5 since age 21</b>
<b>Exemption period for past use where limits do not apply</b>	<b>None</b>

**SECTION XII: MEDICAL HISTORY**

The MPCTC requires applicants to be mentally and physically fit to perform law enforcement duties

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

List all illnesses for which you have received medical treatment during the last five (5) years:

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List all medical operations you have had in the last five (5) years:

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Have you ever been examined/treated for any mental disorder? \_\_\_\_ Yes \_\_\_\_ No

Explain \_\_\_\_\_

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Has anyone in your immediate family ever been treated for a mental  
or nervous disorder, or serious disease? \_\_\_\_ Yes \_\_\_\_ No

Explain \_\_\_\_\_

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Do you have any physical condition or handicap, or chronic disease,  
that might affect your performance as a police officer? \_\_\_\_ Yes \_\_\_\_ No

Explain \_\_\_\_\_

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**SECTION XIII:                    RELEASE OF INFORMATION**

**IF INFORMATION SHOULD SURFACE DURING YOUR BACKGROUND  
INVESTIGATION THAT WOULD DISQUALIFY YOU FROM FURTHER  
CONSIDERATION, THE INVESTIGATION WILL BE TERMINATED  
IMMEDIATELY AND YOU WILL BE SO NOTIFIED.**

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, I HAVE COMPLETED THE  
FOREGOING PERSONAL HISTORY APPLICATION FOR THE CHEVERLY POLICE  
DEPARTMENT, AND I FULLY UNDERSTAND THE CONTENTS. THE  
INFORMATION GIVEN BY ME IS CORRECT AND FACTUAL TO THE BEST OF  
MY KNOWLEDGE, AND CONTAINS NO MATERIAL MISREPRESENTATION OF  
FACT. I UNDERSTAND THAT ANY SUCH MISREPRESENTATION OF FACT BY  
ME SHALL BE CAUSE FOR REJECTION BEFORE APPOINTMENT, OR FOR  
DISMISSAL AFTER APPOINTMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**TOWN OF CHEVERLY**  
**POLICE DEPARTMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**AND STATEMENT OF CONSENT**

I, \_\_\_\_\_ do hereby authorize a review by, and full disclosure to H. Robshaw #1601, Chief of Police, or a duly authorized agent of the Cheverly Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be privileged or of a confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and credit institutions, including records and any other information including statements of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings,) medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration, Social Security Administration, and military medical and psychiatric facilities, public utility companies, medical reports, the results of polygraph examinations, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or "juvenile."

I fully consent, after a conditional offer of employment is made, to any physical, psychological, or other testing, including urine and/or blood for controlled dangerous substances, to determine my suitability to be employed by the Cheverly Police Department prior to beginning employment and also during the entire course of my employment with the Cheverly Police Department.

I also fully consent to submit to a polygraph examination and/or computer voice stress analyzer for the purpose of verification of information given by me or contained in my records, application and/or interview in connection with my application for employment with the Cheverly Police Department. I hereby release and waive any and all rights, which may be given to me by any Federal, State, County, or municipality law to refuse or decline to undertake a polygraph examination and/or computer voice stress analyzer.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any medical,

physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Cheverly Police Department to consider in determining my suitability for employment by the Department. It is my specific intent to provide access to information, however personal, privileged, or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with requests for information that this Authorization provides.

I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Cheverly Police Department, the source(s) of confidential information can not and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the Cheverly Police Department.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of Information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

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APPLICANT'S SIGNATURE / PRINTED NAME	DATE
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DATE OF BIRTH	NOTARY SIGNATURE	-	SEAL
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SOCIAL SECURITY NUMBER	MY COMMISSION EXPIRES
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